

Congress gave the HUD the resources they needed to fully fund all vouchers under contract, and I would expect them to use those resources. This is not the place to try and reap meager savings to make up for a Federal deficit caused by questionable tax cuts and irresponsible fiscal policies.

I urge the administration to reevaluate this policy and to restore our commitment to the Section 8 program.

#### MEDICAL RESIDENCY PROGRAM

Mr. BINGAMAN. Mr. President, I once again raise my concerns with Section 207 of the Pension Funding Equity Act that passed the Senate on April 8 and was signed into law on April 10. This provision grants a retroactive antitrust exemption to the graduate medical education residency matching program, a subject that is entirely unrelated to the pension bill and never received a full consideration by the normal processes of this body.

My concerns about that provision are simple. First, I do not think that exemptions from this nation's antitrust laws should be lightly given. Second, I think the process by which this exemption was given—without any opportunity for hearing before the appropriate committees or full and real consideration by this body—was improper. Finally, I am concerned about the correct interpretation of the language as to the scope of the immunity.

As I stated in the floor debate on the pension bill, I believe that the language of subsection 207(b)(3) makes clear that the exemption from the antitrust laws granted by this legislation is limited; and that if there is a claim of price-fixing—which is prohibited by section one of the Sherman Act—then the provisions of subsection 207(b)(2) do not apply.

Even though my right to file an amendment was reserved on this bill, I have now lost that right as my amendment is no longer in order now that cloture has been invoked. Having lost this right, I will seek a future opportunity to raise this issue before this body.

#### PRIMARY IMMUNE DEFICIENCY DISEASES

Ms. LANDRIEU. Mr. President, I take this opportunity to focus attention on primary immune deficiency diseases, PIDD, a problem that affects thousands of people across our Nation. Primary immune deficiency diseases are genetic disorders in which part of the body's immune system is missing or does not function properly. The World Health Organization recognizes more than 150 primary immune diseases that affect as many as 50,000 people in the United States. Fortunately, 70 percent of PIDD patients are able to maintain their health through regular infusions of a plasma product known as intravenous immunoglobulin. IGIV helps bolster the immune system and

provides critical protection against infection and disease.

I am familiar with primary immune deficiencies because one of my constituents and long-time Shreveport, LA, residents, Gail Nelson, is a PIDD patient. Gail and her husband Syd Nelson have become tireless advocates for the primary immune deficiency community as volunteers for the Immune Deficiency Foundation. IDF is the Nation's leading organization dedicated to improving the quality of life for PIDD patients.

Recently, the foundation entered into a historic research partnership with the National Institute of Allergy and Infectious Diseases at the National Institutes of Health. The establishment of the US Immunodeficiency Network represents the most significant advancement in primary immune deficiency research in our Nation's history. I was pleased to work with the Nelsons, the foundation, and my colleagues in the Senate to make this research consortium a reality.

Despite the recent progress in PIDD research, the average length of time between the onset of symptoms in a patient and a definitive diagnosis of PIDD is 9.2 years. In the interim, those afflicted may suffer repeated and serious infections and possibly irreversible damage to internal organs. Thus, it is critical that we raise awareness about these illnesses within the general public and the health care community.

I commend the Immune Deficiency Foundation and Gail and Syd Nelson for their leadership in this area, and I am proud to join them in raising awareness of these diseases. I encourage my colleagues to work with us to help improve the quality of life for PIDD patients and their families.

#### ADDITIONAL STATEMENTS

##### IOWA WOMEN AGAINST HEART DISEASE AND STROKE

• Mr. GRASSLEY. Mr. President, today I rise to acknowledge women in Iowa who are taking a stand against heart disease and stroke. Many people assume that cardiovascular disease is a man's disease. The truth is, it has claimed more lives of women since 1984.

Nationwide, 8 million women are living with heart disease. Thirteen percent of women age 45 and over have had a heart attack.

As a survivor of breast cancer, my wife Barbara knows the fears of many women. Heart disease, just like cancer, is scary and real. It is up to women around the world to educate their friends, mothers, and sisters about the disease. Women in Iowa are doing it this week.

I commend every woman in Iowa for being an advocate for a very good cause. The campaign to educate all women about the major risk factors of heart disease and about heart-healthy

behavior will positively impact the lives of many families. Women in Iowa should not underestimate their personal risk, and they should know what they can do to beat the disease.

In Congress, I have worked to increase funding for the National Institutes of Health. The NIH is one of the world's foremost medical research centers, and the Federal focal point for medical research in the United States.

I am keenly aware of the overall benefits of biomedical research to the health care system, and to those with heart disease.

In fact, the NIH has set out to develop a national public awareness and outreach campaign to convey the message that heart disease is the number one killer of American women and that it can be successfully prevented and treated.

Six years ago, we set out to double the funding for the NIH. We followed through with our promise. As a result, the NIH now funds nearly 10,000 more research grants and can support the training of over 1,500 more scientists each year.

This is good news for women everywhere. The increase in funding is a step in the right direction, but we can't give up. It will take all of us to stop the leading cause of death in our state.●

#### OREGON HEALTH CARE HERO

• Mr. SMITH. Mr. President, I rise today to recognize an outstanding Oregon leader who has been a health care hero for Oregon's seniors. Barbara Arazio has served on the Oregon Board of Nursing Home Examiners for 18 years, mentoring nursing home administrators and ensuring quality care for vulnerable Oregon seniors.

When Oregonians find that one of their loved-ones is in need of skilled nursing care, they want assurances that the highest quality care will be provided in a safe environment. Because of Barbara's diligence and hard work, our families have that peace of mind. Barbara has played a central role in helping nursing homes not only comply with, but exceed the State standards for nursing facilities.

The level of service at each Oregon nursing facility is driven by its leadership. Barbara has trained nursing home administrators and continually worked with them to make sure that residents have access to the best health care and facilities. In fact, the quality of life at Oregon care centers, from the activities, to the meals, to the well-trained staff, can be traced back to Barbara's caring hand.

As Barbara embarks on her well-earned retirement, she will be greatly missed by the administrators, staff and residents of Oregon's long term care system. She has touched many lives and is truly a Health Care Hero for Oregon.●